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PTO/SB/05 (03-01) Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY **PATENT APPLICATION TRANSMITTAL**

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Attorney Docket No. First Inventor COURTESY ANSWERING SOLUTION FOR COLORS COMMUNICATION DRUCES

(Only for new nonprovision	al applications under 37 CFR 1.53(b))	Express Mail Label No.
	TION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application
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18. If a CONTINUING APPLIE or in an Application Data She Continuation Prior application information. For CONTINUATION OR DIVISI. Box 5b, is considered a part of	CATION, check appropriate box, and supertunder 37 CFR 1.76: Divisional Continuation-in-part (CIP) Examiner ONAL APPS only: The entire disclosure of the disclosure of the disclosure of the accompanying continuation.	17. Other: ply the requisite information below and in a preliminary amendment, of prior application No: Group Art Unit: the prior application, from which an oath or declaration is supplied under unation or divisional application and is hereby incorporated by reference. reently omitted from the submitted application parts. ENCE ADDRESS
Customer Number or Bar Co	ode Label "(Insert Customer No. or Atlach b	or Correspondence address below
Name	ROBERT OS	ANK, JR,
Address	328 COSTEL	LOCT
City	LOS ALTOS	State CA Zip Code 94024
Country	1. = 0	ephone 650-917-0448 Fax 917-9505
Name (Print/Type)	ROBERT OSANAJ	
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Patent fees are subject to annual revision.			Named In	ventor	ROBERT C	SANN	255		
Applicant claims small entity status. See 37 CFR 1.27		Exam	niner Name	Э					
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Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filing fee	112	920*	112 920*	Reques	sting publication of SIR page action				
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1. BASIC FILING FEE	115	110	215 55	Extens	ion for reply within first r	month			
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107 510 207 255 Plant filing fee	119	320	219 160	Notice	e of Appeal				
108 740 208 370 Reissue filing fee	120	320	220 160	Filing a	g a brief in support of an appeal				
114 160 214 80 Provisional filing fee	121	280	221 140	-	at for oral hearing				
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**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)									
SUBMITTED BY Complete (if applicable)									
Name (PrintType) ROBERT OSAND IT	٦		etion No.		Telephone	650-91	7-0448		
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